



1440 Rockside Road, Suite 306
Parma, Ohio 44134

City of Parma, Ohio

TIM DeGEETER
MAYOR

PUBLIC HOUSING



Phone: 216-661-2015
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PROCESS TO REQUEST A CHANGE IN FAMILY COMPOSITION

PPHA requires program participants to report interim changes to PPHA within ten (10) calendar days of when the change occurs. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges.

The completed *Change in Family Composition Request* form, accompanied by all required verification must be turned in to PPHA's Office during normal business hours.

MANDATORY DOCUMENTATION AND VERIFICATION:

- ☐ *Change in Family Composition Request* form (see reverse side)

MANDATORY VERIFICATION, IF REPORTING FAMILY COMPOSITION CHANGE DUE TO BIRTH, COURT AWARDED CUSTODY, ADOPTION, FOSTER CARE:

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Completed Declaration of 214 Status for each individual being added
- ☐ Court Awarded Custody Paperwork (if applicable)
- ☐ Adoption Paperwork (if applicable)
- ☐ Foster Care Documentation (if applicable)

REPORTING OTHER ADDITIONS TO THE HOUSEHOLD:

The participant family is required to report additions to the household, in writing, 10 days prior to the proposed move-in date, in order to receive PPHA's approval. **PPHA will deny the addition of a family member, with exception of an addition by birth adoption, court awarded custody of a child, marriage, if the addition will result in overcrowding.**

Your Housing Specialist will schedule an appointment to approve the requested addition.

MANDATORY VERIFICATION, IF REPORTING A REDUCTION IN HOUSEHOLD SIZE:

- ☐ Foster care documentation (if applicable)
- ☐ Medical facility documentation (if applicable)
- ☐ Enrollment paperwork from an institution of higher learning (if applicable)
- ☐ New address of removed household member
- ☐ Move-out Date

**** Failure to complete the Change in Family Composition Request form and submit all required mandatory verification and/or documentation will result in your interim request being canceled.***

Reasonable Accommodation: If you, or any household member, have a disability that could prevent your full access to or utilization of PPHA's Housing Choice Voucher or Public Housing Program and any related services, you have the right to request a reasonable accommodation. A reasonable accommodation may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact your Housing Specialist.

****ALL REQUESTS FOR ADDITIONS TO FAMILY COMPOSITION MUST INCLUDE WRITTEN APPROVAL FROM THE LANDLORD BEFORE ANY CHANGES WILL BE PROCESSED****



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CHANGE IN FAMILY COMPOSITION REQUEST

Head of Household: _____ Last 4 of SSN: _____
Current Address: _____ City _____ State _____ Zip _____
Email Address: _____ Telephone Number _____

****Your request will not be processed without the below listed, required verification ****

☐ **MANDATORY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):**

- ☐ Birth
- ☐ Adoption
- ☐ Court-Award Custody
- ☐ Foster-Care

1) Name: _____ Relationship to Head of Household _____
Date of Birth: _____ Social Security Number: _____

2) Name: _____ Relationship to Head of Household _____
Date of Birth: _____ Social Security Number: _____

****Please attach a copy of the following, for each person being added to the household: Birth certification, Social Security Card, and if applicable, court order custody and/or adoption paperwork and foster care documentation.**

☐ **DISCRETIONARY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):**
(PPHA MUST APPROVE THE REQUEST PRIOR TO MOVE-IN)

- ☐ Marriage
- ☐ Adding a previously removed household member
- ☐ Other _____

1) Name: _____ Relationship to Head of Household _____
Date of Birth: _____ Social Security Number: _____

2) Name: _____ Relationship to Head of Household _____
Date of Birth: _____ Social Security Number: _____

****Prior to approving the addition of the listed household member, PPHA will schedule an appointment where the Head of Household and person listed above member must attend and provide required documentation. The scheduled appointment is mandatory prior to the additional household member(s) move-in date.**

☐ **REMOVING A MEMBER FROM THE HOUSEHOLD:**

- ☐ Permanent (will be absent from the household for more than 90 days)
- ☐ Temporary (will be absent from the household for less than 90 days i.e. foster care placement, entering medical facility, incarcerated etc.)

Name: _____ Move Out Date _____

New Address: _____

Name: _____ Move Out Date _____

New Address: _____

By signing below, I have released information to PPHA with regards to my family composition. I am also certifying that the information provided with regards to my household composition is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in the termination of my housing assistance and/or retroactive rent charges.

Household member completing this form: _____

Signature _____ Date: _____

NOTE: Any changes in family composition that include income adjustments will need to fill out a CHANGE IN HOUSEHOLD INCOME REQUEST FORM